Expert Meeting & Workshop: "Progress Toward Eliminating Healthcare-Associated Infections" Day 1 Data Presentation Overview September 23, 2010

#	Metric Title	Comparison Metric	Measurement System	National Baseline	Baseline Information or Notes	National 2013 Target	Progress Information or Notes
1	Central Line- Associated Bloodstream Infections (CLABSI)	CLABSI Standardized Infection Ratio (SIR)	CDC National Healthcare Safety Network (NHSN)	2006-2008	 1,385 facilities, 3,972 locations reporting 62% intensive care unit (ICU) 7,434,389 central line-days reported 48 states reporting 	50% reduction in CLABSI in ICU and ward-located patients	2009: SIR = 9,355 observed ÷ 11,376 predicted CLABSIs = 0.82 18% fewer CLABSIs reported than predicted 1,603 facilities reporting 2010: SIR available Sept 2011
2	Central Line Insertion Practices (CLIP) Adherence	CLIP adherence percentage	CDC NHSN	2009	 345 facilities, 743 locations reporting 70% ICU 16 states reporting 92% adherence 	100% adherence with central line bundle	2010: • Adherence rate available Sept 2011
3	Clostridium difficile Infections	Hospitalizations with <i>C. difficile</i> per 1,000 discharges	AHRQ Healthcare Cost and Utilization Project (HCUP)	2008	 8.8 per 1,000 discharges ~36 million hospitalizations ~4,300 hospitals 42 states reporting 	30% reduction in hospitalizations with <i>C. difficile</i> per 1,000 patient discharges	2009 (Projected): • 8.9 per 1,000 discharges • 1.1% increase 2010 (Projected): • 9.4 per 1,000 discharges • 6.8% increase
4	Clostridium difficile Infections	C. difficile SIR	CDC NHSN	2009-2010	 2009: 250 facilities, 417 locations reporting 52% facility-wide inpatient; 15% ICU 25 states reporting 2010 (through Aug): 389 facilities, 643 locations reporting 53% facility-wide inpatient; 14% ICU 27 states reporting 	30% reduction in facility-wide healthcare facility-onset <i>C. difficile</i> LabID event	2010: • Part of baseline period
5	Catheter- Associated Urinary Tract Infections (CAUTI)	CAUTI SIR	CDC NHSN	2009	 639 facilities, 2,642 locations reporting 40% ICU 3,881,311 catheter-days reported 	25% reduction in CAUTI in ICU and ward-located patients	2010: • SIR available Sept 2011

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6	MRSA Invasive Infections (population)	MRSA incidence rate (healthcare- associated) per 100,000 persons	CDC Emerging Infections Program (EIP) Active Bacterial Core Surveillance (ABCs)	2007-2008	 Active laboratory and population-based surveillance for invasive MRSA infections within 9 EIP ABCs catchment areas (~19 million) 2007-2008 healthcare-associated rate: 26.24 per 100,000 persons Incidence estimation projected to nation, using U.S. Census data, adjusting for age and race 	50% reduction in incidence of healthcare- associated invasive MRSA infections	2009: Preliminary 2009 healthcareassociated rate: 22.72 per 100,000 persons 13.4% reduction Final estimate available Nov 2010 Estimated 10,378 less cases 2010: Final estimate available Nov 2011
7	MRSA Bacteremia (hospital)	MRSA bacteremia SIR	CDC NHSN	2009-2010	2009: • 508 facilities, 888 locations reporting • 5% facility-wide inpatient; 56% ICU • 50 states reporting 2010 (through Aug): • 612 facilities, 971 locations reporting • 16% facility-wide inpatient; 48% ICU • 50 states reporting	25% reduction in facility-wide healthcare facility-onset MRSA bacteremia LabID event	2010: • Part of baseline period
8	Surgical Site Infections (SSI)	SSI SIR	CDC NHSN	2006-2008	 801 facilities reporting 613,263 SCIP procedures reported 43 states reporting 	25% reduction in admission and readmission SSI	2009: SIR = 3,930 observed ÷ 4,144 predicted SSIs = 0.95 5% fewer SSIs reported than predicted 946 facilities reporting 2010: SIR available Sept 2011
9	Surgical Care Improvement Project (SCIP) Process Measures Adherence	SCIP adherence percentage (SCIP Inf 1, 2, 3, 4, 6)	CMS SCIP (Hospital Compare)	2006-2008	2006, 2007, 2008* SCIP Inf 1 - 83%, 87%, 91% SCIP Inf 2 - n/a, 92%, 95% SCIP Inf 3 - 74%, 80%, 87% SCIP Inf 4 - n/a, n/a, 89% SCIP Inf 6 - n/a, n/a, 97% Based on 3,600-3,700 hospitals reporting each quarter since mid-2006	95% adherence to process measures to prevent SSI	2009:

*SCIP Inf 1: Antibiotics within 1 hour before incision or within 2 hours if vancomycin or quinolone is used; SCIP Inf 2: Received prophylactic antibiotics consistent with recommendations; SCIP Inf 3: Prophylactic antibiotics discontinued within 24 hours of surgery end time or 48 hours for cardiac surgery; SCIP Inf 4: Controlled 6 am postoperative serum glucose for cardiac surgery patients; SCIP Inf 6: Appropriate hair removal for surgery patients; SCIP Inf 4 and Inf 6 were not required for reporting until 1Q 2008